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NXP, NXP, B.V.  NXP, NTELLECTUAL PROPERTY DEPARTMENT M/S41-S1 1109 MCKAY DRIVE SAN JOSE, CA 95131  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFRANTON NO.  107556,453 11/102005 Chee ELe  APPLICATION: USB HOST CONTROLLER WITH DMA CAPABILITY  APPLICATION: USB HOST CONTROLLER WITH DMA CAPABILITY  BUBLICATION PROVIDED SMALL ENTITY ISSUE FEE DUE  APPLICATION: USB HOST CONTROLLER WITH DMA CAPABILITY  BUBLICATION PRED INVENTION: USB HOST CONTROLLER WITH DMA CAPABILITY  BYTH. TYPE SMALL ENTITY ISSUE FEE DUE  PREV. PAID ISSUE FEE  APPLICATION AD \$1400		Note: A centilicate of Fee(s) Transmittal. T	l mailing can only be used his certificate cannot be used	for sow other accompanying			
10/356,453	NXP, B.V. NXP INTELLECTUAL PROPERTY DEPARTMENT M/S41-SJ 1109 MCKAY DRIVE			Cr	rtificate of Mailing or Tra	numbsion ing deposited with the United irist class mail in an envelope as above, or being facsimile atteindicated below.  (Oppositor's name)	
TITLE OF INVENTION: USB HOST CONTROLLER WITH DMA CAPABILITY  89/1/2607 NNGUYEN2 680868028 584819 18556  81 FE; 1581 1489, 88 DA  82 FC; 1584 388, 88 DA  APPLN, TYPE SMALL ENTITY ISSUS FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUS FEE TOTAL FEE(S) DUE DATE DUE  10 CANAINER ART UNIT CLASS-SUBCLASS  AUVE, GLENN ALLEN 2111 7:10-313000  11. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  12. For printing on the patent floot page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  13. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLASE NOTE: Unless an assigner is identified below, no addignee data will appear on the patent. If an assignment.  (A) NAME OF ASSIGNEE (A) STORE (No small entity discount permitted)  13. ADDITIONAL CONTROL (No small entity discount permitted)  14. The following fee(s) are submitted:  15. Change to Entity Status (from status indicated above)  16. Change to Entity Status (from status indicated above)  17. Change of Correspondence address or indicated above)  18. Applicant to lains SPMALL ENTITY status. See 37 CFR 1.27(g)(2).	APPLICATION NO. FILING DATE		FIRST NAMED INVEN	ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
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AUVE, GLENN ALLEN  2111  710-313000  1. Change of correspondence address or indication of "Fee Address" (37  CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE B.V.  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are submitted:  1 Spayment by eredit card. Form PTO-2038 is attached.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Publication Septial, Entity Status (from status indicated above)  Advance of a single firm (having as a member a registered patent attorneys or agents. If no name is 3  (1) the names of up to 3 registered patent attorneys or agents. If no name be registered attorneys or agents. If no name is 3  (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is 3  (3) ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  A check is enclosed.  Payment by eredit card. Form PTO-2038 is attached.  Payment by eredit card. Form PTO-2038 is attached.  Pa	nonprovisional NO	\$1400	\$300	20	\$1700	12/14/2007	
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